

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2000 — 1 — 0

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.252

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.15-A, Page 5a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 4.15-A, Page 5a

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a result of state
legislation that requires reimbursement for programmable implantable pumps to be paid
outside ~~of the state plan~~ the per diem rate for hospitals.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

December 5, 2000

16. RETURN TO:

Rica Lewis-Payton, Executive Director
Miss. Division of Medicaid
Attn: Rose Coxpere
239 North Lamar Street, Suite 601
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 8, 2000

18. DATE APPROVED:

January 17, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Hugh L. Webster for Eugene Grosser

21. TYPED NAME:

Eugene A. Grosser

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

1. The definition of a hospital contained in 42 CFR 440.10 and 42 CFR 440.140 in order to meet the requirements of Sections 1902 (a), (13) and (20) of the Social Security Act;
 2. The requirements established by the State Agency responsible for establishing and maintaining health standards under the authority of 42 CFR 431.610; and
 3. Any other requirements for the licensing under state law which are necessary for providing hospital inpatient services.
- D. Implicit in any definition of allowable costs is that those costs should not exceed what a prudent and cost conscious buyer pays for a given service or item. If costs are determined to exceed the level that a prudent buyer would incur, then excess costs would not be reimbursable under the plan. Such cost is allowable to the extent that it is related to patient care, is necessary and proper, and is not in excess of what would be incurred by a prudent buyer.
- E. The cost of implantable programmable pumps implanted in an inpatient basis are non-allowable costs for Medicaid cost report purposes. The cost of the pumps must be removed from allowable costs on the cost report and clearly identified in the non-reimbursable cost section. The cost of these pumps will be paid to hospitals outside the per diem rate upon submission of a claim and required documentation supporting the cost of the pump. Reimbursement of the cost of the pumps shall not exceed \$10,000.00 per state fiscal year per Medicaid beneficiary.

Transmittal	<u>2000-10</u>	Date Received	<u>DEC 08 2000</u>
	Supersedes	Date Approved	<u>JAN 17 2001</u>
Transmittal	<u>94-06</u>	Date Effective	<u>OCT 01 2000</u>